

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-029094

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7294

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis

Length of stay in 1b

26 months

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

6044a N. Pointe

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

STATE Missouri b. COUNTY

c. CITY OR TOWN

St. Louis

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

6044a N. Pointe

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

VERLIE

Middle

SEFTON

Last

RINEHART

4. DATE OF DEATH

Month

Day

Year

July

22

1962

5. SEX

female

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

4/20/1893

9. AGE (last birthday)

69 years

IF UNDER 1 YEAR

Months

Days

Hours

Min.

U. S. A.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

stenographer

10b. KIND OF BUSINESS OR INDUSTRY

printing

11. BIRTHPLACE (City and state or country)

Mt. Sterling, Missouri

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Lindsey M. Reynolds

13b. MOTHER'S MAIDEN NAME

Florence Pryor

14. NAME OF HUSBAND OR WIFE

Walter H. Rinehart

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Sylvia Redenbaugh - 6044a N. Pointe

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Hepatic metastases
Adenocarcinoma of colon
153.8

INTERVAL BETWEEN ONSET AND DEATH

6 mos

6 mos

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from April 1, 1962 to July 22, 1962 and last saw her him alive on July 16, 1962

Death occurred at 5:20 A.M. July 22, 1962 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Lawrence D. O'Neal, M.D.

22b. ADDRESS

1408 Central Clayton 5, Mo.

22c. DATE SIGNED

7/23/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

23b. DATE

July 25, 1962

23c. NAME OF CEMETERY OR CREMATORY

Valhalla Cemetery

23d. LOCATION (City, town, or county)

St. Louis County

STATE

Missouri

24. FUNERAL DIRECTOR

ADDRESS

BUCHHOLZ MORTUARY-5967 W. Florissant Ave

25. DATE REC'D. BY LOCAL REG.

JUL 25 1962

26. REGISTRAR'S SIGNATURE

Kearl Smith, M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Walter B. Bushby*

Licensed Embalmer No. 4551

P. O. Address *St Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.